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CONFIRMATION NO. 8256

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|---|---|-----------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/528,597  | <b>FILING OR 371(c) DATE</b><br>03/21/2005<br><b>RULE</b>   | <b>CLASS</b><br>340               | <b>GROUP ART UNIT</b><br>2612   | <b>ATTORNEY DOCKET NO.</b><br>PF020121 |                                |
| <b>APPLICANTS</b><br>Olivier Trincherio, 8 Avenue F. Chaveton, FRANCE;<br>Jacques Mingot, Noisy, FRANCE;<br>Pascal Chevallier, La Celle, FRANCE;<br><br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/50642 09/19/2003 YJ<br><b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 0211954 09/27/2002 YJ                      |   |                                   |   |  |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <u>YJ</u><br>Allowance <u>YJ</u><br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>FRANCE | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>18              | <b>INDEPENDENT CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>24498   |   |                                   |   |  |                                |
| <b>TITLE</b><br>Method for controlling several apparatuses with the aid of a link attached device and said link attached device for carrying out said method  |   |                                   |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>900   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |